

**Work Order ID 122522**

Tuesday, July 22, 2014 8:38:57 AM

**\*122522\***

Page 1

Item ID: D4634-145 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Aft, Center Ceiling Replacement Panel Assembly  
Start Date: 8/19/14 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 8/19/14 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: MLS Date: 14-07-22 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
D4634	F								

100

0.00

**\*100\***

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Pick Kit

DAS  
27  
9-89

14/8/26

110

0.00

**\*110\***

Small Fab

Memo

0.00

Small Fab

Assemble as per Dwg D4634-145

1- Scuff bonding surface to eliminate in-perfections and increase bonding and clean with wash&amp; wipe

2- Locate and glue down Channel Assy, angles, brackets, and mounting pads using 3M Plastic welder II.

Batch # M129001Expiry Date 31/7/2015

3- Apply labels as per Dwg. and seal with 3M 3950 edge sealer

DAS  
27  
9-89

14/8/26

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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**\*122522\***

Page 2

Item ID: D4634-145 Accept **\*N900040100\*** Setup Start **\*NS1\***  
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Item Name: Aft, Center Ceiling Replacement Panel Assembly  
Start Date: 8/19/14 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 8/19/14 Req'd Qty: 1.00 **\*1\*** Customer:  
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Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 <b>*120*</b> QC Quality Control	QC6- Inspect dimensions to drawing <i>memo</i>	0.00 0.00							
125 <b>*125*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O <i>memo</i>	0.00 0.00							
130 <b>*130*</b> Packaging Packaging	Identify as per dwg & Stock Location: <i>mf</i> <i>memo</i>	0.00 0.00							<i>sm</i> <i>14/8/27</i>

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

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Page 3

Item ID: D4634-145      Accept      **\*N900040100\***      Setup Start **\*NS1\***  
Revision ID:      Stop **\*NS2\***  
Item Name: Aft, Center Ceiling Replacement Panel Assembly  
Start Date: 8/19/14      Start Qty: 1.00      \*1\*      Cust Item ID:  
Required Date: 8/19/14      Req'd Qty: 1.00      \*1\*      Customer:  
Reference:

Approvals:      Process Plan: \_\_\_\_\_      Date: \_\_\_\_\_      Tooling: \_\_\_\_\_      Date: \_\_\_\_\_      Run Start **\*NR1\***  
QC: \_\_\_\_\_      Date: \_\_\_\_\_      SPC (Y/N): \_\_\_\_\_      Date: \_\_\_\_\_      Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140	QC21- Final Inspection - Work Order Release	0.00							
<b>*140*</b>									
QC	Memo	0.00							
Quality Control									

MLS 140827

MLS 140827

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
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### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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# Picklist Print

Tuesday, July 22, 2014 8:38:56 AM

Page 1

Work Order ID: 122522

**\*122522\***

Parent Item: D4634-145

**\*D4634-145\***

Parent Item Name: Aft, Center Ceiling Replacement Panel Assembly

Start Date: 8/19/14

Required Date: 8/19/14

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev A New Issue 13/02/05 DL VERIFIED BY:JLM IPP Rev.  
B Dwg.Update 13/07/09 DL verf: DD IPP Rev C Dwg Update  
remove channels add foam 13/12/23 DL IPP REV D 14/01/20 Dwg Update  
DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4636-5		Manufactured	No			100	Each	70.0000	1	1			

**\*D4636-5\***

Bracket

**\*\***

Location

Loc Qty

Loc Code

ST112

70

111978

6

114660

1

120321

2

121038

61

B101525

DAS

27

9-89

14/8/26

D4712-1

Manufactured No

100

Each

13.0000

1

1

**\*D4712-1\***

Bracket

**\*\***

Location

Loc Qty

Loc Code

ST118

13

113700

10

114661

1

117674

2

B122998

DAS

27

9-89

14/8/26

D5021-5

Manufactured No

100

Each

5.0000

1

1

**\*D5021-5\***

Foam, Center Panel, Aft

**\*\***

Location

Loc Qty

Loc Code

MF

5

114046

1

116255

4

B117540

DAS

27

9-89

14/8/26

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

Tuesday, July 22, 2014 8:38:56 AM

Page 2

Work Order ID: 122522

**\*122522\***

Parent Item: D4634-145

**\*D4634-145\***

Parent Item Name: Aft, Center Ceiling Replacement Panel Assembly

Start Date: 8/19/14

Required Date: 8/19/14

Start Qty: 1.00

Required Qty: 1.00

MS20426AD3-4

Purchased

No

100

Each

5,644.000

4

4

**\*MS20426AD3-4\***

RIVET

**\*\***

Location

Loc Qty

Loc Code

ST315

5644

125578

3126

m127432

2518

DAS

27

9-89

14/8/26

MS20426AD4-6

Purchased

No

100

Each

2,706.000

2

2

**\*MS20426AD4-6\***

Rivet

**\*\***

Location

Loc Qty

Loc Code

ST312

2706

124392

819

M128812

1887

DAS

27

9-89

14/8/26

MS21059L08

Purchased

No

100

Each

536.0000

2

2

**\*MS21059L08\***

Nut

**\*\***

Location

Loc Qty

Loc Code

ST508

536

123185

1

125654

531

m124291

4

DAS

27

9-89

14/8/26

D4634-5

Manufactured

No

100

Each

0.0000

1

1

**\*D4634-5\***

Aft, Center Ceiling Panel

D4647-1

Manufactured

No

100

Each

21.0000

1

1

**\*D4647-1\***

Doubler

**\*\***

Location

Loc Qty

Loc Code

st113

21

119839

21

DAS

27

9-89

14/8/26

Tuesday, July 22, 2014 8:38:56 AM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Page 3

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**\*122522\***

Parent Item: D4634-145

**\*D4634-145\***

Parent Item Name: Aft, Center Ceiling Replacement Panel Assembly

Start Date: 8/19/14

Required Date: 8/19/14

Start Qty: 1.00

Required Qty: 1.00

D4664-5

Manufactured No

100

Each

74.0000

6

6

**\*D4664-5\***

Spacer

**\*\***

Location

Loc Qty

Loc Code

MF3

10

111711

9

115338

1

ST118

64

114727

45

114886

19

B1227HS

6

D/S

27

9-89

14/8/26

D4732-17

Manufactured No

100

Each

22.0000

1

1

**\*D4732-17\***

Label

**\*\***

Location

Loc Qty

Loc Code

MF

20

120069

20

MF4

2

111247

2

1

D/S

27

9-89

14/8/26

D4732-23

Manufactured No

100

Each

22.0000

1

1

**\*D4732-23\***

Label

**\*\***

Location

Loc Qty

Loc Code

MF

20

120072

20

MF4

2

111250

2

1

D/S

27

9-89

14/8/26

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
--	--	---

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

Tuesday, July 22, 2014 8:38:56 AM

Page 4

Work Order ID: 122522

**\*122522\***

Parent Item: D4634-145

**\*D4634-145\***

Parent Item Name: Aft, Center Ceiling Replacement Panel Assembly

Start Date: 8/19/14

Required Date: 8/19/14

Start Qty: 1.00

Required Qty: 1.00

D4732-27

Manufactured No

100

Each

24.0000

1

1

**\*D4732-27\***

Label

**\*\***

Location

Loc Qty

Loc Code

MF4

24

111252

2

120074

20

93195

2

DAS

27  
9/89

14/8/16

MPNY-750S-9-C

Purchased

No

100

Each

411.0000

9

9

**\*MPNY-750S-9-C\***

Mounting Pad

**\*\***

Location

Loc Qty

Loc Code

MF4

411

124058

1

M127960

410

DAS

27  
9/89

14/8/16

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>  Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>  Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>  Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	--	---	--	--

ITEM NO.	QTY. -145	PART NUMBER	DESCRIPTION
1	X	D4634-145	AFT, CENTER CEILING REPLACEMENT PANEL ASSY
2	1	D4634-5	AFT, CENTER CEILING PANEL
3	1	D4636-5	BRACKET
4	1	D4647-1	DOUBLER
5	6	D4664-5	SPACER
6	1	D4712-1	BRACKET
7	1	D4732-17	LABEL
8	1	D4732-23	LABEL
9	1	D4732-27	LABEL
10	1	D5021-5	FOAM, CENTER PANEL, AFT
11	9	MPNY-750S-9-C	MOUNTING PAD
12	4	MS20426AD3-(4)	RIVET
13	2	MS20426AD4-(6)	RIVET
14	2	MS21059L08	ANCHOR NUT

# **D4634-145 AFT, CENTER CEILING REPLACEMENT PANEL ASSY**

SHOP COPY

RETURN TO

ENGINEERING

UNCONTROLLED COPY

SUBJECT TO AMENDMENT

WITHOUT NOTICE

WORK ORDER

122522

14-07-22

DESIGN	RF	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	BC	DRAWING NO.	REV. F
MFG. APPR.	BC	<b>D4634</b>	SHEET 9 OF 17
APPROVED	BC	TITLE	SCALE
DE APPR.	BC	<b>CENTER CEILING PANELS</b>	NTS
DATE	14.02.03	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

## **NOTES:**

1) MATERIAL: N/A

2) FINISH: N/A

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

6) IDENTIFICATION: N/A

7) WEIGHT: N/A

8) APPLY A BEAD (0.20 TO 0.30 WIDE) OF DEVCON PLASTIC WELDER II (0.25 INSIDE OF BOTH EDGES OF PART)

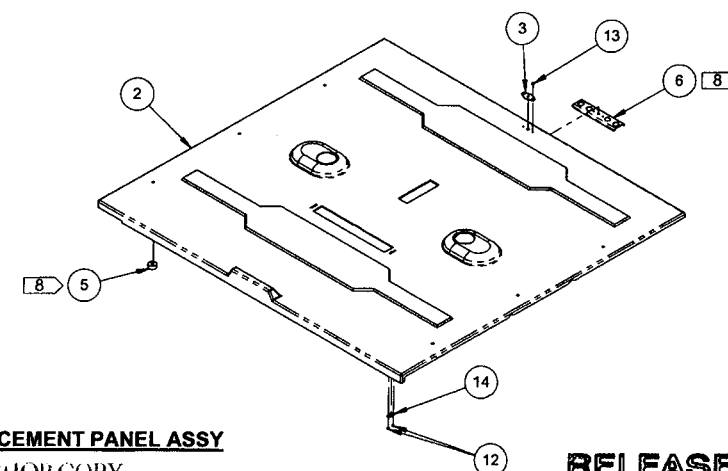
TO BOND D4647-1 & MPNY-750S-9-C. WAIT FOR 2 TO 4 HOURS FOR FUNCTIONAL CURE.

LOCATE D4647-1 IN LINE WITH RECTANGULAR OPENING

9) LOCATE LABELS AS SHOWN, SEAL LABELS USING 3950 EDGE SEALER OVER LABEL TOP SURFACE

10) APPLY AN EVEN COAT OF 3M SCOTCH WELD 1300L CONTACT ADHESIVE TO BOND D5021-5 FOAM CORE TO INSIDE OF PANEL

11) CENTER D5021-5 FOAM ON D4634-5



**RELEASED**

2014 FEB 25 up